1407640

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:				
Estimated average burden				
hours per respons				

SEC USE ONLY					
Prefix	Serial				
	1				
DATE RECEIVED					
1	1				

UN	IFORM LIMITED OFFERING EXEM	IPTION L
	mendment and name has changed, and indicate change.)	
STONEBRIDGE VINEYARD, INC. Filing Under (Check box(es) that apply): Type of Filing:	Rule 504 Rule 505 Rule 506 Section 4(6	ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about th	ne issuer	07072815
Name of Issuer (check if this is an amount of the control of the	ndment and name has changed, and indicate change.)	
Address of Executive Offices 62193 710TH ROAD	(Number and Street, City, State, Zip Code) PAWNEE CITY, NE 68420	Telephone Number (Including Area Code) 402-852-2400
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	•	
WINERY AND BREWERY		
Type of Business Organization corporation business trust	limited partnership, already formed other (please specify):
Actual or Estimated Date of Incorporation or		
Jurisdiction of Incorporation or Organization:	: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	NE THOMSON
GENERAL INSTRUCTIONS		1 110/1400//
77d(6).	of securities in reliance on an exemption under Regulation D	
and Exchange Commission (SEC) on the earli	r than 15 days after the first sale of securities in the offering er of the date it is received by the SEC at the address given l United States registered or certified mail to that address.	g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date or
Where To File: U.S. Securities and Exchange	c Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this noti- photocopies of the manually signed copy or b	ce must be filed with the SEC, one of which must be manual ear typed or printed signatures.	lly signed. Any copies not manually signed must be
Information Required: A new filing must con thereto, the information requested in Part C, an not be filed with the SEC.	ntain all information requested. Amendments need only rep- nd any material changes from the information previously supp	ort the name of the issuer and offering, any changes blied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.		
ULOE and that have adopted this form. Issuare to be, or have been made. If a state requ	on the Uniform Limited Offering Exemption (ULOE) for users relying on ULOE must file a separate notice with the sires the payment of a fee as a precondition to the claim for a filed in the appropriate states in accordance with state law	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
Fallons & dile making in the name of	ATTENTION —	yemption Convergely failure to file the
Failure to file notice in the appropri appropriate federal notice will not re filing of a federal notice.	ate states will not result in a loss of the federal e esult in a loss of an available state exemption unl	ess such exemption is predictated on the

Check Box(es) that Apply:		100 100 100	4.0.4 (F. 1910) (F. 1910)	i de la la companione de la companione d		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue Each executive officer and director of extrorate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partners of partnership issuers. Check Box(es) that Apply:	2. Enter the information	requested for the f	ollowing:			
Each executive Officer and director of corporate issuers and of corporate general and managing partners of partnership issuers: Each general and managing partner of partnership issuers. Check Box(es) that Apply:	 Each promoter o 	f the issuer, if the i	ssuer has been organized	within the past five years;	:	
* Each general and managing partner of partnership issuers. Check Box(es) that Apply:	Each beneficial of	wner having the po	wer to vote or dispose, or d	lirect the vote or dispositio	n of, 10% or more o	of a class of equity securities of the issu
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) MICHAEL J. SCHILLING Business or Residence Address (Number and Street, City, State, Zip Code) PAWNEE CITY, NE 68420 Full Name (Last name first, if individual) SHARON L. SCHILLING Besidence Address (Number and Street, City, State, Zip Code) PAWNEE CITY, NE 68420 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	 Each executive of 	fficer and director	of corporate issuers and o	f corporate general and m	anaging partners of	f partnership issuers; and
Full Name (Last name first, if individual) MICHAEL J. ScHILLING Business or Residence Address (Number and Street, City, State, Zip Code) RAWNEE CITY, NE 68420 Check Box(es) that Apply:	 Each general and 	managing partner	of partnership issuers.			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	✓ Promoter	Beneficial Owner	Executive Officer	Director	—
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	•	•				
Managing Partner Full Name (Last name first, if individual)		•		Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	` '					
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Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first,	if individual)				
Managing Partner	Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
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Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first,	if individual)				
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Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Full Name (Last name first,	if individual)				
Managing Partner Full Name (Last name first, if individual)	Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	□
Business or Residence Address (Number and Street, City, State, Zip Code)	full Name (Last name first, i	f individual)				
	Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box _ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			Amount Already
	Type of Security	Offering Price	c	Sold
	Debt	<u> </u>		s
	Equity	335,000.0)	\$ 335,000.00
	☑ Common ☐ Preferred			
	Convertible Securities (including warrants)	<u> </u>		\$
	Partnership Interests	<u> </u>		
	Other (Specify)	<u> </u>		\$
	Total	335,000.0	0	\$ 335,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
	•	Number Investors		Dollar Amount of Purchases
	Accredited Investors	6		\$ 235,000.00
	Non-accredited Investors	8	_	\$ 100,000.00
	Total (for filings under Rule 504 only)	14		\$ 335,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total			\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees			\$ 2,500.00
	Accounting Fees	•		\$
	Engineering Fees	**********		\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)		$\overline{\Box}$	\$
	Total			\$ 2,500.00

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	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$332,500.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate		<u></u> \$
	Purchase, rental or leasing and installation of machinery	7.6	
	and equipment		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	」 •	<u>V</u> 3
	issuer pursuant to a merger)] \$	
	Repayment of indebtedness		
	Working capital]\$	s
	Other (specify):]\$	
] \$	
	Column Totals	\$_0.00	\$ 332,500.00
	Total Payments Listed (column totals added)	∑ 5_33	2,500.00
AT AT	UT DO DESCRIPTION OF THE PROPERTY OF THE PROPE		
igr	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writter	e 505, the following request of its staff,
		Date 7-13	-07
lar	ne of Signer (Print or Type) Title of Signer (Print or Type)		
V	aron L. Schilling President		
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		•	END

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)